

GENERIC CASE WORKSHEET FOR ADVANCED ABSTRACTING EXERCISE

| FIELD# | FIELD NAME | CODE AND RATIONALE/DOCUMENTATION |
|--------------------------------------|-----------------------------------|----------------------------------|
| PATIENT IDENTIFICATION | | |
| 1 | Medical Record # | |
| 2 | Accession # | |
| 3 | Sequence # | |
| 4 | Patient Name | |
| 5 | Race 1 | |
| 6 | Spanish Origin | |
| 7 | Sex | |
| CANCER IDENTIFICATION | | |
| 8 | Class of Case | |
| 9 | DATE 1st Contact | |
| 10 | DATE Initial Dx | |
| 11 | Primary Site | |
| 12 | Laterality | |
| 13 | Histology | |
| 14 | Behavior | |
| 15 | Grade | |
| 16 | Diagnostic Confirmation | |
| 17 | Ambiguous Terminology Dx | |
| 18 | Date of Conclusive Dx | |
| 19 | Date of Multiple Tumors | |
| 20 | Mult Tumors Reported as 1 Primary | |
| 21 | Multiplicity Counter | |
| STAGE OF DISEASE AT DIAGNOSIS | | |
| 22 | DATE Surg Dx/Stage Procedure | |
| 23 | Surg Dx/Stage Procedure Code | |
| 24 | Clinical T | |
| 25 | Clinical N | |
| 26 | Clinical M | |
| 27 | Clinical Stage Group | |
| 28 | Clinical Stage Descriptor | |
| 29 | Clinical Staged By | |
| 30 | Pathologic T | |
| 31 | Pathologic N | |
| 32 | Pathologic M | |
| 33 | Pathologic Stage Group | |
| 34 | Pathologic Stage Descriptor | |
| 35 | Pathologic Staged By | |
| 36 | SEER Summary Stage 2000 | |
| COLLABORATIVE STAGING | | |
| 37 | CS Tumor Size | |
| 38 | CS Extension | |
| 39 | CS Tumor Size/Ext Eval | |
| 40 | CS Lymph Nodes | |
| 41 | CS Reg Nodes Eval | |
| 42 | Regional Nodes Positive | |
| 43 | Regional Nodes Examined | |
| 44 | CS Mets at Dx | |
| 45 | CS Mets Eval | |
| 46 | CS Site-Specific Factor 1 | |
| 47 | CS Site-Specific Factor 2 | |
| 48 | CS Site-Specific Factor 3 | |

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| 49 | CS Site-Specific Factor 4 | |
| 50 | CS Site-Specific Factor 5 | |
| 51 | CS Site-Specific Factor 6 | |
| FIRST COURSE OF TREATMENT (FCOT) | | |
| 52 | DATE of FCOT | |
| 53 | DATE 1st Surgical Procedure | |
| 54 | DATE Most Definitive Surg Primary | |
| 55 | Surg Procedure Primary Site | |
| 56 | Surg Margins Primary Site | |
| 57 | Scope Regional LN Surgery | |
| 58 | Surg Procedure Other Site | |
| 59 | DATE Surg Discharge | |
| 60 | Readmit Same Hosp w/in 30 Days | |
| 61 | Reason NO Surg Primary Site | |
| 62 | DATE Radiation Started | |
| 63 | DATE Radiation Ended | |
| 64 | Location of Radiation Treatment | |
| 65 | Radiation Treatment Volume | |
| 66 | Regional Treatment Modality | |
| 67 | Regional Dose: cGy | |
| 68 | Boost Treatment Modality | |
| 69 | Boost Dose: cGy | |
| 70 | Number Treatments per Volume | |
| 71 | Radiation/Surgery Sequence | |
| 72 | Reason NO Radiation | |
| 73 | DATE Systemic Therapy Started | |
| 74 | Chemotherapy Code | |
| 75 | Hormone Code | |
| 76 | Immunotherapy Code | |
| 77 | Hematologic Trspl & Endo Code | |
| 78 | Systemic/Surgery Sequence | |
| 79 | DATE Other Treatment Started | |
| 80 | Other Treatment Code | |
| 81 | Palliative Treatment Code | |
| RECURRENCE | | |
| 82 | DATE 1st Recurrence | |
| 83 | Type 1st Recurrence | |
| 84 | DATE Last Contact/Death | |
| 85 | Vital Status | |
| 86 | Cancer Status | |
| CASE ADMINISTRATION | | |
| 87 | Is Case Complete? | |